## Best Available Copy\_\_\_\_-

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO									"C 12 11/4		42/		
Effective October 1, 2000										-(	12-51	50°7¢	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL EN	ITITY	OR	OTHER SMALL I		
TOTAL CLAIMS			25				Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		8	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			25 minus 20=		. 5			X\$ 9=		OR	X\$18=	90	
INDEPENDENT CLAIMS			minus 3 =		<u> </u>	_j		X40=		OR	X80=	80	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=		
* If	the difference	in column 1 is	less than zero, enter "0" in colu			olumn 2	L	TOTAL		OR	TOTAL	285	
CLAIMS AS AMENDED - PART II								'		-	OTHER	1	
	open an en gragan goran.	(Column 1) CLAIMS	(Column			(Column 3)	] <del>-</del>	SMALL		OR	SMALL		
AMENDMENT A	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	REMAINING AFTER AMENDMENT	Section 1	NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***	T OL 1111	=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	'ENDEN'	1 CLAIM			+135=		OR	+270=		
							L	TOTAL		OR	TOTAL		
(Column 4) (Column 2) (Column 2)								DDIT. FEE		JON	ADDIT. FEE		
	(Column 1) (Column 2) (Column 3								ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent	ANTATION OF 11	Minus	***	IT CL AIR	]=		X40=		OR	X80=		
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DE	-ENDEN	CLAIM		]	+135=		OR	+270=		
							L.	TOTAL		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								ODIT. FEE		<u>.</u>	AUUH, FEE	E	
Ţ.		CLAIMS HIGH		HEST				ADDI-	1		ADDI-		
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER HOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	•	Minus	••		=	] [	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	•••		=	<u> </u>	X40=		1	X80=		
lacksquare	FIRST PRESE	NTATION OF M	ULTIPLE DE	LTIPLE DEPENDENT		1 🔲	╛┠	+135=		OR		<b></b>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									STATE AND ADDRESS OF THE PROPERTY OF THE PROPE	OR	+270=	<b></b>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The "Highest Nun	mber Previously Pa	aid For" (Total o	r Indepen	dent) is th	e highest numb	er fou	nd in the ap	propriate bo	x in c	olumn 1.		